

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
Campus: _____

MEDICAL/DENTAL CONSENT FORM

I hereby give my consent to the Philippine Science High School- _____ Health Services Unit to administer the following (pls. check your preference)

- First Aid medical treatment
- First Aid dental treatment
- In case of emergency: Referral to nearest medical facility
- Participation on DOH Programs (such as deworming, vaccination)

to my son/daughter/ward: _____
(name of student)

I opt not to have my son/daughter/ward treated at the Health Services Unit

Signature of Parent / Guardian

Date: _____

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